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09/12/2007

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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	. AT	TORNEY DÖCKET NO.	CONFIRMATION NO.
10/040,174	01/02/2002 SERIAL REDIRECTION	ON THROUGH A SERV	Brian C. Ramey	12/05/200	BEA920010036US1 7 AUGNORFE ESPOZOS	9102 J.831838 - J.8840174
				01 FD:SE9 DE FE:135	1 (442, 33 00	<u> </u>
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	12/12/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	]		
KOROBOV	, VIȚALI A	2155	709-217000	•		•
Address form PTO/SI  3. "Fee Address" ind PTO/SB/47; Rev 03-0 Number is required.  3. ASSIGNEE NAME A PLEASE NOTE: Uni recordation as set fort (A) NAME OF ASSIGNEE Internat	ication (or "Fee Address 2 or more recent) attack  ND RESIDENCE DATA ess an assignee is ident h in 37 CFR 3.11. Com GNEE  ional Busir	"Indication form red. Use of a Customer  A TO BE PRINTED ON ified below, no assignee pletion of this form is NO	(1) the names of up to or agents OR, alternation (2) the name of a single registered attorney or a 2 registered attorney or a 2 registered patent atto listed, no name will be THE PATENT (print or tyled atta will appear on the p T a substitute for filing an (B) RESIDENCE: (CITY SE COrporation on the patent):	vely, e firm (having as a meagent) and the names o meys or agents. If no n printed.  pe) atent. If an assignee is assignment.  and STATE OR COU  on Ar	mber a 2 2 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4	sdorfer, LLC
Advance Order - :  5. Change in Entity Sta  a. Applicant claim  NOTE: The Issue Fee an	tos small entity discount for Copies tus (from status indicate s SMALL ENTITY status d Publication Fee (if rec	d above) us. See 37 CFR 1.27.	b. Payment of Fec(s): (Ples A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo  b. Applicant is no lon d from anyone other than to Office.	d. Form PTO-2038 is a vauthorized to charge the sit Account Number 5 (ger claiming SMALL E	attached. the required fee(s), any de 1 3 5 (enclose a	ficiency, or credit any n extra copy of this form).

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